



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

1593-02
9
OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No.		Date Received	Application No. Date Completed
3. AGENCY, Division, Subdivision & Administering Office Address Department of Corrections & Offender Rehabilitation Administrative Services Division Farm Services Section 800 Peachtree Street, Atlanta, Georgia 30308		SEP - 9 1975 75-230 OCT - 8 1975	
4. Person to Contact Bobby Whitworth		5. Working Title State Farm Coordi-	
		6. Tel. No. 894-5523	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series July 1973 to present	9. Exact Series Title Farm Inspection Reports
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10. What is the function of the office in which this record series is created?

The function of the Farm Services Section is that of producing as much food as possible for the Department of Offender Rehabilitation in the most economical and feasible manner possible. The goal is that of making the Department as self-supporting as possible.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Files relate to: *Maintaining* Inspection reports and farming operations reports *of* the various correctional institutions throughout the State.

Included are: Reports on hog operations, dairy operations, cattle operations, poultry operations, maintenance operations, crops operations, and farm management.

Files are arranged: alphabetically by institution.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records		
Letter-size File Drawers							
Legal-size File Drawers	1	2	Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)		
				2			
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years
				7	6	-	-

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ []
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. ☐ [] ☒ []
16. Does the series contain classified information requiring security handling? ☐ [] ☒ []
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ []
18. Could the function be performed if the files were lost or destroyed? ☐ [] ☒ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ []
20. Does the record series provide data as input to an EDP file? ☒ [] ☐ []
21. Does the record series contain documentation produced as EDP printout? ☒ [] ☐ []
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ []
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ []

24. REQUIREMENTS. The following requires the files to be kept 5 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
- (Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area _____ month(s)/ 2 year(s):
- ☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 3 year(s):
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES		DATE
<i>Charles S. W. [Signature]</i>	8/27/75			
26. Recommendations in paragraph 25 are:	Agency Head/Designee			9-3-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
	State Auditor/Designee			10-3-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
	Secretary of State/Designee			10-2-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
	Attorney General/Designee			10-7-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

STATE RECORDS
COMMITTEE